

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90236 002 \*\*\*150.00

00127449



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000058807**

1. Entity Name  
**L. MICHAEL WEISS, M.D., P.A.**

Principal Place of Business <b>508 JEFFORDS STREET          STE D          CLEARWATER FL 33756          US</b>	Mailing Address <b>508 JEFFORDS STREET          STE D          CLEARWATER FL 33756          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3391487</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  <b>WEISS, MD L MICHAEL</b> <b>508 JEFFORDS ST</b> <b>STE D</b> <b>CLEARWATER FL 33756</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 13, 2002 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>P WEISS, L MICHAEL</b>		NAME		
STREET ADDRESS	<b>508 JEFFORDS STREET, STE D</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **7/2/02 727-443-7700**

CR2E034 (4/02)

Attachment  
DH#29600058807  
B0187449

GASTROENTEROLOGY CONSULTANTS OF CLEARWATER  
L. Michael Weiss, MD David J. Becker, MD Howard D. Klein, MD  
508 Jeffords Street Suite D  
Clearwater, FL 33756  
(727)443-7700

July 2, 2002

Dear Sirs,

This letter is to inform you that L. Michael Weiss, M.D., PA never recieved the initial URB renewal notice. I am therefore submitting the renew with the original \$150.00 filing fee. Thank you.

Sincerely,



L. Michael Weiss, MD, President